

<i>SERFF Tracking Number:</i>	<i>UNUM-126470399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>44677</i>
<i>Company Tracking Number:</i>	<i>C.SC.D.267</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>C.SC.D.267</i>		
<i>Project Name/Number:</i>	<i>Additional Variables/C.FP-1</i>		

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: C.SC.D.267

SERFF Tr Num: UNUM-126470399 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-
Closed

State Tr Num: 44677

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: C.SC.D.267

State Status: Approved-Closed

Long Term

Filing Type: Form

Author: Theresa Mitchell

Reviewer(s): Rosalind Minor

Date Submitted: 01/25/2010

Disposition Date: 01/28/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Additional Variables

Project Number: C.FP-1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 01/28/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 01/28/2010

Created By: Theresa Mitchell

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Theresa Mitchell

Filing Description:

January 25, 2010

Jay Bradford

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: UNUM-126470399 State: Arkansas
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Product Name: C.SC.D.267
Project Name/Number: Additional Variables/C.FP-1

Re: Group Modular Contract/Certificate C.FP-1
Group Long Term Disability Insurance
Form C.SC.D.267 - Additional Variables

Dear Commissioner Bradford,

Enclosed for your approval are additional variables to be added on a single case basis for M K Distributors, Inc. located in Arkansas.

These additional variables are to be added to our C.FP-1, et al Group Long Term Disability Insurance Modular Contract/Certificate Series previously approved by your Department.

The purpose of this form is to change the term "regular occupation" to "regular job" as requested by the Policyholder.

For ease of review, the changes for these provisions are shown in bold print and as strike through text where indicated.

We request that any of our previously filed variables be applied to this filing.

If anything further is needed to complete this submission, please do not hesitate to contact me at (800) 974-2266 extension 57099, tmitchell@unum.com, or fax (423)209-3663.

Sincerely,

Theresa N. Mitchell
Contract Consultant
Unum Life Insurance Company

Company and Contact

Filing Contact Information

Theresa Mitchell, Contract Consultant
2211 Congress Street

tmitchell@unum.com
207-575-7099 [Phone]

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Project Name/Number: Additional Variables/C.FP-1

C456 423-209-3566 [FAX]

Portland, ME 04122

Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$50.00	01/25/2010	33755338

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Project Name/Number:	Additional Variables/C.FP-1		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2010	01/28/2010

<i>SERFF Tracking Number:</i>	<i>UNUM-126470399</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>C.SC.D.267</i>		
<i>Project Name/Number:</i>	<i>Additional Variables/C.FP-1</i>		

Disposition

Disposition Date: 01/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	additional variables	Approved-Closed	Yes

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Company Tracking Number: C.SC.D.267

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: C.SC.D.267

Project Name/Number: Additional Variables/C.FP-1

Form Schedule

Lead Form Number: C.FP-1

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/28/2010	C.SC.D.267	Policy/Cont additional variables ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.200	AR C.SC.D.267.p df

FORM #C.SC.D.267
Additional Variables for C.FP-1
Group Long Term Disability Insurance

1. The following item in the CLAIM INFORMATION LONG TERM DISABILITY section of the policy/certificate may be changed to read as follows:

WHAT INFORMATION IS NEEDED AS PROOF OF YOUR CLAIM?

Your proof of claim must show:

- that you are under the regular care of a physician;
- the appropriate documentation of your monthly earnings;
- the date your disability began;
- the cause of your disability;
- the extent of your disability, including restrictions and limitations preventing you from performing your regular **job** ~~occupation~~; and
- the name and address of any hospital or institution where you received treatment, including all attending physicians.

We may request that you send proof of continuing disability indicating that you are under the regular care of a physician. This proof must be received within 45 days of a request by us.

In some cases, you will be required to give Unum authorization to obtain additional medical and non-medical information as part of your proof of claim.

2. The following item in the LONG TERM DISABILITY BENEFIT INFORMATION section of the policy/certificate may be changed to read as follows:

HOW DOES UNUM DEFINE DISABILITY?

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular **job** ~~occupation~~ due to your sickness or injury; and
- you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.

You will continue to receive payments beyond 24 months if you are also:

- working in any occupation and continue to have a 20% or more loss in your indexed monthly earnings due to your sickness or injury; or
- not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

We may require you to be examined by a physician, other medical practitioner or vocational expert of our choice. Unum will pay for this examination. We can require an examination as often as it is reasonable to do so. We may also require you to be interviewed by an authorized Unum Representative.

3. The following item in the LONG TERM DISABILITY BENEFIT INFORMATION section of the policy/certificate may be changed to read as follows:

WHEN WILL PAYMENTS STOP?

We will stop sending you payments and your claim will end on the earliest of the following:

- during the first 24 months of payments, when you are able to work in your regular **job occupation** on a part-time basis but you choose not to;
- after 24 months of payments, when you are able to work in any occupation on a part-time basis but you choose not to;
- the end of the maximum period of payment;
- the date you are no longer disabled under the terms of the plan;
- the date your disability earnings exceed the amount allowable under the plan;
- the date you die.

4. The following item in the GLOSSARY section of the policy/certificate may be changed to read as follows:

ACTIVE EMPLOYMENT means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular **job occupation**. You must be working at least the minimum number of hours as described under Eligible Group(s) in each plan.

Your work site must be:

- your Employer's usual place of business;
- an alternative work site at the direction of your Employer, including your home; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.
Temporary and seasonal workers are excluded from coverage.

5. The following item in the GLOSSARY section of the policy/certificate may be changed to read as follows:

MATERIAL AND SUBSTANTIAL DUTIES means duties that:

- are normally required for the performance of your regular **job occupation**; and
- cannot be reasonably omitted or modified.

6. The following item in the GLOSSARY section of the policy/certificate may be changed to read as follows:

REGULAR ~~JOB OCCUPATION~~ means the occupation you are routinely performing when your disability begins. **Unum will look as it is normally performed at your Employer.**

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/28/2010
Comments:			
Attachment:			
	ARFlesch Score C.SC.D.267.pdf		

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	01/28/2010
Bypass Reason:	Additional Variables-no application necessary.		
Comments:			

Name of Company: UNUM Life Insurance Company of America

This is to certify that the forms listed below meet the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Policy/Certificate	C.SC.D.267	50.2



Officer's Name

Vice President
Officer's Title

Date: January 25, 2010